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HEALTH BULLETIN FOR TEACHERS



Issued by the State Health

Department of Oklahoma State ^{dept} ~~board of~~ health



**Dr. A. R. Lewis,
State Commissioner of Health**

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J. B. A. ROBERTSON

If the question were asked me, "What is the supreme asset of the Citizens of Oklahoma?" my reply would be not oil, not coal, not abundant crops, not splendid highways, not magnificent buildings, but physical HEALTH. Given health any individual can hew his way to success.

—Governor J. B. A. Robertson.

He who helps a child helps humanity with
a distinctness, with an immediateness,
which no other help given to human crea-
tures in any stage of their human life can
give.—Phillip Brooks.



Dr. A. R. Lewis.

To salvage lives from the undertow of disease and ignorance; to so improve conditions that the children of Oklahoma may have a better chance for health and efficiency, is the desire that stands out preeminent in the conduct of the State Health Department.—Dr. A. R. Lewis.

All development of the human race has been by a process of education. Education proper consists of three main elements—the mental, the moral and the physical. The schools have always sought to develop the mental faculties; the church is devoted to the development of the moral and the spiritual faculties; but thus far we have failed in any organized effort to protect and develop the physical faculties.—R. H. Wilson.



R. H. Wilson.

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FOREWORD TO TEACHERS

To promote health and efficiency in schools; to bring about better conditions under which the teacher must perform her duties; and to further the work of the Health Conservation Crusade, please fill out carefully and mail the post card found in this bulletin, at the expiration of the first month of your school.

INTRODUCTORY

Why is the subject of health now occupying the center of the stage for all thinking people? Because health, or the lack of it, so vitally affects the destiny of nations. Because sickness disrupts economic conditions. Because ill health impairs the physical fitness and efficiency of the individual; detracts and cripples his usefulness. The moral, the social, the economic, and the political future of our state, as well as that of our nation, is dependent upon the health of the people.

Habit determines destiny. The most miserable of human beings is one in whom nothing is habitual but indecision. All is habit in mankind. The power of habit is so great that the question of success in life hinges upon the early formation of good habits; and to realize the connection between health and habit is a crying need today.

I am therefore unable to emphasize, as should be emphasized, the monumental importance of constant, continuous and persistent drill ing into children habits of health and personal cleanliness. "Train up a child in the way he should go and when he is old he will not depart from it" has lost none of its striking significance in these modern times.

Health Habits are the War Savings Stamps and the Disease Risk Insurance of youth, bearing a usury rate of interest compound semi-annually, which may be disposed of at a premium in middle life and old age.

Oklahoma cannot wrap about her a more impenetrable armor of protection, nor render a greater service to posterity than to underwrite the health of her future citizenship with education and prevention.

People in all stations of life are beginning to sense the colossal importance of finding a remedy for the sickness problem. This is significantly evidenced by the introduction in Congress last February of a bill providing "for the promotion of physical education in the United States through co-operation with the different states in the preparation and payment of supervisors and teachers of physical education, including medical examiners and school nurses."

Physical education, within the meaning of this act, is to fully and thoroughly prepare boys and girls of this nation for the duties and responsibilities of citizenship through the development of bodily vigor and endurance, muscular strength and skill, bodily and mental poise, etc.

Recent convictions for violation of the Oklahoma Venereal Disease Law is also strikingly significant of the times. Surely, civilization is making progress when the law takes cognizance of the violation of the laws, and more particularly is such progress apparent when the courts enforce such laws.

A question that is forcing itself with greater insistence on the minds of educators and scientific men today is not how many, but how few diseases are not the consequences of man's ignorance, indifference, self-indulgence and lack of early education.

Therefore it is meet and proper that our law-making bodies should enact laws for the protection of the children against the spread and transmission of disease, and for the development of physical strength and endurance.

The signs of the times are unmistakable that in all civilized countries the era of preventive medicine has dawned. Granting the great

importance of curative measures, we are beginning to see clearly that prevention is the paramount weapon in the war against disease; that no other weapon is so effective against the occurrence of contagious and communicable disease and that nothing so restricts their spread. Moreover, to provide hygienic and sanitary conditions everywhere is to create and build up a healthy race.

Every child is entitled to its natural birthright of health and longevity.

The efficiency of a nation depends upon the health of its people. That it is impossible for any individual, state or nation to really achieve great things without good health, is being recognized by educators and by progressive men who think, everywhere. R. H. Wilson, State Superintendent of Public Instruction has just announced that, in lieu of other school work, time devoted to the Health Crusade, soon to be launched by the State Health Department and the Oklahoma Public Health Association, will be allowed credits.

Primarily, then, the mission of this little booklet is fourfold:

1st. To bring to the teacher a few simple directions for the prevention and spread of diseases in school.

2nd. To outline symptoms of children's diseases that the teacher or parent may know the first danger signals and be prepared to act.

3rd. To enlist the aid and help of teachers in the spreading of health propaganda into every home, and the teaching of health habits to every child in Oklahoma.

4th. To solicit and earnestly request the co-operation of teachers in a campaign for better schools and a cleaner, healthier state.

Public Service Quotations

The noblest motive is the public good.—Virgil.

Public safety is the supreme law.—Bacon.

The health of the people is of supreme importance.—Chester A. Arthur.

There is something better than making a living—making a life.—Lincoln.

When a man assumes a public trust, he should consider himself as public property.—Thomas Jefferson.

To raise the level of national health is one of the surest ways of raising the national happiness.—Lecky.

The whole sum of life is service—service to others and not to self. No man has come to greatness who has not felt in some degree that his life in some degree belongs to the race.—Brooks.

Men who are occupied in the restoration of health of others, by joint exertion of skill and humanity are above all, the great of the earth. They even partake of the Divinity, since to preserve and renew is almost as noble as to create.—Voltaire.

Medical Inspection of Schools

In the ceaseless mark of progress Oklahoma is lagging behind many of the other states in a matter which I consider of vital and far-reaching importance—that of medical inspection of schools.

No where on the statute books of this state do we find a law relating to medical supervision of schools. While a few of our larger and more progressive cities and towns have the advantages and benefits of such health supervision and a public health nurse, the schools in the smaller towns and rural communities are entirely without protection in this particular.

STATE SHOULD ASSIST IN REMOVING DEFECTS.

Oklahoma has a compulsory educational law which provides that all children between the ages of eight and eighteen years shall attend school for a certain number of months each year. This is a good law and a step forward in progress. But justice and equity demand that if a state compels a child to attend school, it should go further and assist the child to overcome and remove any defects and obstacles that might retard its progress.

The child has a claim upon the state and the state has a claim upon the child which demand recognition, and which cannot be ignored without harmful results to both.

DEFECTS CAUSE RETARDATION.

We are beginning to find out that many of our backward pupils are backward because of physical defects which render them unable to handle the work of the program. What these defects are and the causes that lie behind them are the things that we must know. If we do not know them we must find them out and guard against them. Education without health is futile. It is far better to sacrifice education if, in order to attain it, the child must lay down his health as the price.

RIGHT OF A STATE TO COMPEL MEDICAL INSPECTION.

The objection that the state has no right to require medical inspection of school children is not well taken. The duty to see that no harm comes to those who go to school devolves upon the authority compelling attendance.

When this subject is considered both from the standpoint of the individual and the state, we wonder that medical inspection of schools was not put into effect long ago. The well-being of a state is as much dependent upon the health strength and productive capacity of its citizenship, as upon their knowledge and intelligence. And the efficiency of the individual cannot endure upon a foundation of education and intelligence alone, but the very corner-stone of the foundation must rest upon health and vigor. Therefore, if the state may make mandatory training in intelligence, it may also compel training to secure physical soundness and capacity.

JAPAN'S SYSTEM OF MEDICAL INSPECTION.

We are told that Japan has a system of medical inspection that reaches the most remote rural sections. By this method of inspection the Department of Education of that country is able to tell how many children are in school in the whole Empire, how many are robust and vigorous, medium, or weak; how many have defective hearing and eyesight, and what diseases are most prevalent at different ages of school life.

SYSTEMS OF INSPECTION FAVORED.

I do not favor any system that would lessen the responsibility of the parent or tend in any way to weaken or supersede the home. But I am most earnestly in favor of a system of inspection that will acquaint the parent with the needs of his child of which he would otherwise be ignorant.

ARGUMENT IN FAVOR OF INSPECTION.

A logical argument in favor of medical inspection of schools from a financial standpoint, it seems to me, is that of the repeater, or the child that fails to make his grades. For the sake of argument let us assume that the yearly cost of keeping a child in school is \$20.00, which is a very conservative estimate. Then, if a school have fifty pupils that fail to pass, the economic loss to the state is fifty times twenty, or \$1000. The reason a child fails to make his grades can generally be attributed to one of three things—physical defects, incorrigibility of the child, or lack of co-operation of parents.

By way of digression, I will here state that Dr. H. H. Cloudman, a man of wide experience in school hygiene, and for the past twelve years school physician and medical inspector of the Oklahoma City Schools, tells me that his experience has proved to his satisfaction that a large per cent of the backwardness of pupils is due to lack of ambition and co-operation on the part of the parents. "Particularly is this of colored schools" said Dr. Cloudman.

What a wonderful field is here open to the true teacher for real humanitarian service in the stimulation of ambition on the part of parents, and the bringing about of their co-operation.

It is readily seen from the foregoing that every child who fails to make his grades and pass is an economic loss to the taxpayers of the state, a drain on the nervous vitality of the teacher, and a stumbling block to other children. Whenever the strength of a teacher is overtaxed nervousness and irritability creep in with the result that the morale of the school is lowered, the efficiency of the teacher decreased and both teacher and pupil lose in physical vitality and mental alertness. Health supervisions of schools would lessen the possibility of such evils by tracing the cause of failure to make good, to the right source.

CHILDREN SHOULD HAVE AS CAREFUL ATTENTION PHYSICALLY AS MENTALLY.

To the subject of medical inspection of schools I have given much careful thought. I have discussed it with men of experience; with men who have had an opportunity to observe the value and usefulness of a similar method of inspection and checking in the United States Army. And I have reached the conclusion that every school child should have as careful attention physically as it does mentally. Medical supervision of schools would provide a means whereby many defects which should receive early attention would be recognized and corrected.

My investigations have further convinced me that it would be conducive to progress, make for the protection of the commonwealth, increase the productiveness and add to the well-being of the individual, and greatly promote the general public health to have some form of compulsory health supervision in every school in Oklahoma.

HOW MEDICAL INSPECTION MIGHT BE BROUGHT ABOUT

This might be brought about in different ways. By way of suggestion, we might have created by legislative Act a Bureau of Medical

Inspection of Schools, this Bureau to function independently or under the supervision of the State Health Department; then select a man of experience, enthusiasm and initiative to take charge of such Bureau, a man who would throw himself heart and soul into the work. The duties of the Chief Physician of this Bureau to include outlining the work to county inspectors or school physicians and installation of checking systems, etc.

Experience is emphasized as being one of the chief requirement of the physician in charge of the Bureau of Medical Inspection of Schools. for the reason that the conduct of medical inspection is such a technical matter and is so different from the work done by a practising physician as to demand special training and experience.

It occurs to me that medical inspection of schools might also be very effectively handled in the small towns and rural schools by combining the duties of the County Health Officers and those of School physician. In other words, the County Superintendent of Health to have supervision of medical inspection of schools in the small towns and rural sections.

OTHER REASONS FOR HEALTH SUPERVISIONS OF SCHOOLS

I think it will make for the protection of the community and furnish conditions under which boys and girls can develop strong, vigorous bodies.

Twenty years spent in the practice of medicine in small towns and rural communities has convinced me that Oklahoma is being deprived of intelligent, law abiding and productive citizens by reason of the lack of proper medical attention to our boys and girls during their early school days.

AN ILLUSTRATION IN POINT

A child apparently normal is placed in a school where physical defects are disregarded and probably unrecognized. This child seems to get along alright in its primer which is in large print, and so far there is no reason for parent or teacher to suspect a physical defect. When it reaches about the fifth grade where it is compelled to do a great deal reading from books in much smaller print, the child begins to develop symptoms of defective eyesight. He has head aches, is unable to see distinctly, has eye strain, it is hard for him to concentrate. He cannot see the blackboard and charts. Printed books in smaller type, the size he is now compelled to use, can only be seen with effort—everything is blurred, and failure follows all his efforts to study. Neither he nor the teacher knows what is the matter, but it is soon very evident that he cannot keep the pace with his companions, and the child becomes discouraged and falls behind in the race.

And in no better plight is the child suffering from enlarged tonsils and adenoids, which prevent his breathing through the nose and compel him to keep his mouth open in order to breathe. This retards the development of the lungs, makes him more susceptible to disease by reason of germs entering his body by way of his mouth, also because of lowered vitality caused by absorption of poison into the system from the diseased tonsils. Perhaps one of his troubles is partial deafness. He is soon considered stupid, and this impression is strengthened by his poor progress in school. As he grows older his progress in his studies is slower. Through no fault of his own such a child is doomed to failure. He neglects his studies, is thoroughly discouraged and the conviction is borne in upon him that he is inferior in intellect to his companions. He begins to hate his school, leaves long before he completes his course, and is well started on the road to shiftless, inefficient and despondent life.

Teacher, if you only knew the terrible heartache and discouragement of these little unfortunates, many of whom come from homes almost devoid of sympathy, where a kind word and a loving caress is practically unknown, you would speak a kind, sympathetic word, give a pat of encouragement, and have infinitely more patience, where you now sometimes find fault.

By the correction of such defects in early life such unfortunate children would have an equal chance with healthy, normal boys and girls to grow up into useful, intelligent citizens.

WOULD AID IN WORK OF STATE HEALTH DEPARTMENT

Medical inspection of Schools would also be of material aid in the work of this Department, in that it would lessen the spread of infectious and contagious disease, it having been conclusively proved that schools having no form of medical inspection are the principal means of disseminating disease through the community. It would also aid in carrying out of the plan of education along health lines conducted by the State Health Department.

I trust I shall live to see the day when every boy and girl in Oklahoma will have the advantages and benefits to be derived from health inspection of schools, a school physician and a public health nurse.

KEEPING RECORDS IN MEDICAL INSPECTION

In any system of medical inspection which includes physical examinations the matter of keeping records is of the greatest importance. A good system of individual records is imperative. General information is not sufficient. There must be a complete individual record for each child. This record card must have on it spaces for recording results of subsequent examinations as well as the initial one. If this work is to be of the highest practical value, there must be the closest connection between records of the physical examination and the classroom work. It would result in little good to have a record card on file in the principal's office, or in the office of the Department of Health to the effect that a pupil had defective hearing in the left ear, if the teacher knew nothing of this fact and still kept such pupil seated in the farthest corner of the room. It is also very obvious that if the records do not follow the child from room to room, and from school to school, much of the work is soon rendered valueless.

RECORD CARDS, TRANSFER BLANKS, ETC.

Through the courtesy of Dr. H. H. Cloudman blanks, including inspection record, scholastic progress, transfers, health certificate of teacher and notice to parents of physical examination, used in the schools of Oklahoma City, are reproduced here. These are full, simple and comprehensive, and seem to furnish all information necessary in the transfer of pupils and for keeping a complete check at all times.

THE SCHOOL NURSE

A good public health nurse constitutes the best investment any community can make. If no other health work has been undertaken a school nurse will start the good work by organizing a demonstration to awaken the community to its needs.

TRANSFERS

Original Entry	Grade	Date
.....	School.....
	Prin.....	
Transferred to	School.....	
.....	Prin.....	
Transferred to	School.....	
.....	Prin.....	
Transferred to	School.....	
.....	Prin.....	
Transferred to	School.....	
.....	Prin.....	
Transferred to	School.....	
.....	Prin.....	
Transferred to	School.....	
.....	Prin.....	
Transferred to	School.....	
.....	Prin.....	

OKLAHOMA CITY PUBLIC SCHOOLS

Date.....19.....
 Name Age
 Height Weight
 Residence
 Are both parents living?
 Brothers in home?
 Sister in home?
 Mark (v) the following diseases you have had:
 Mumps Typoid Fever Asthma
 Measles Diphtheria Cough
 Whooping Cough Pneumonia Catarrh
 Chicken Pox Skin Disease Headaches.
 Small Pox Scarlet Fever
 Has been troubled with:
 Eyes..... Ears..... Nose..... Throat..... Teeth.....
 Has these been treated?.....
 Vaccinated Successful
 Yes Yes
 No No
 Has any member of family had Tuberculosis?.....
 Signed.....

Parent or Guardian.

(PARENTS FILL THIS SIDE ONLY)

INSPECTION RECORD

Eyes	Treated.....
Ears	Treated.....
Nose	Treated.....
Throat	Treated.....
Teeth	Treated.....
Cardiac Disease	
Pulmonary	
Skin Disease	
Nervous Disease	
Anaemia	
Orthopedic Defects	
Mentality	
Conduct	
Effort	
Proficiency	
Co-operation	
Treatment Needed	

M. D.

Medical Inspector.

SCHOLASTIC PROGRESS

Entry	†Failure Date	Promotion Date
1B		
1A		
2B		
2A		
3B		
3A		
4B		
4A		
5B		
5A		
6F		
6A		
7E		
7A		
8B		
8A		
HIGH SCHOOL		
†Reason for Failure		

(Teacher sign cross entry)

OKLAHOMA CITY

BOARD of
EDUCATION

Health Certificate

of

Assigned to School

Date.....

Art. IV, Rule 5.

All teachers and employees of the Board of Education shall, before signing a contract, present to the Medical Inspector an acceptable certificate of good health or submit to an examination. All certificates shall be presented on a form furnished by the Medical Inspector.

Name

Born Where

Residence

Has any member of your family had tuberculosis?
cancer?..... mental or nervous disease?.....

Have you ever lived with any one afflicted with tuberculosis?.....

Check diseases you have had:

Mumps	Typhoid Fever
Measles	Malaria
Chicken Pox	Asthma
Whooping Cough	Catarrh
Diphtheria	Pleurisy
Small Pox	Appendicitis
Headaches	Tuberculosis
Constipation	

Have you ever been advised to change climate?.....

Why?.....

Have you had any surgical operations?..... When?

Result.....

Has there been any trouble with Eyes?..... Ears?.....

Nose?..... Throat?..... Teeth?.....

Have these been treated?.....

Vaccinations:

Small Pox..... Date..... Successful?.....

Typhoid..... Date.....

Do you carry life insurance?.....

Date of last policy

Signed.....

EXAMINATION

Personal appearance
Physique
Temperature.....
Pulse, rate Character

Heart:
Size Character of beat
Murmurs

Lungs :
Inspection Percussion
Auscultation

Abdomen:
Local tenderness
Cause

Nervous system
Condition of Eyes Ears..... Nose.....
Throat..... Teeth.....

Are you the family physician of the applicant?.....
Would you as a parent object to having this applicant in charge
of the room in which a child of yours is a pupil?.....

M. D.

Date..... Examiner.

Room..... Oklahoma City, Okla.,.....19.....

M. Your child _____ has been
inspected by me and I find him/her presenting symptoms indicating

I recommend that special treatment be given.
Please report your intentions on this card and return to Principal.
Remarks:

209 City Hall

Health Rules for Children

1. Begin the day by washing your face and hands, cleaning your finger nails, brushing your teeth, and drinking a glass of pure water.
2. If possible eat some cereal for breakfast. Eat bread and butter at every meal.
3. Eat three regular meals a day, some vegetable every day, and chew your food well.
4. Milk is your best food. Drink plenty of it.
5. Buy more fruit and less candy. Always wash fruit well before eating.
6. Do not eat with a knife, fork or spoon that has been used by another person, nor use any drinking cup except your own.
7. Coffee and tea are injurious, and you should **never get into** the habit of drinking them.
8. Disease germs grow best in filth; so keep your mouth and body clean. Take frequent baths. Never eat with dirty hands.
9. Habits are easily formed. Cultivate the "tooth brush habit."
10. The happier you are the healthier you will be. Cultivate a happy disposition.

Diseases of Children

Under this heading may be classed all maladies which attack children so universally that few persons attain majority without having undergone one or more of them. Among them are whooping cough, mumps, measles, scarlet fever, diphtheria, chicken pox, and until recent years smallpox might rightfully be included in this list. Every one of these is a germ disease, highly contagious and most of them capable of causing death.

But dangerous as these diseases are of themselves, they are many times more deadly in their after effects. Lucky, indeed, is the child who runs the gauntlet of the 'Diseases of Children' and escapes without a weakened heart, chronic bronchitis, tuberculosis, partial deafness, weak eyes, or some other defect that will hamper him through life, and perhaps cut short his life by many years.

These plagues of the innocent could be robbed of many of their terrors if proper care were taken of the child during convalescence. That is the point of danger. Believing that the danger is past restrictions are relaxed, the child is allowed to leave the room too soon and complications follow. The light inflames the eyes and the child is blinded or has weak eyes for life. The body is chilled, and there is bronchitis, pneumonia, or even tuberculosis. Sometimes it is the kidneys that receive the strain and Bright's disease is the consequence.

Measles

Measles is known in every civilized country and is thought to have been brought to America by the early settlers. It is dangerous from the beginning, even before the eruption can be seen and for about a week thereafter. The virus or poison lives for a little more than a day outside of the body and will not produce the disease after twenty-four hours. It is dangerous for a child with the measles to cough in to the face of other children who have not had it, or to touch them with unwashed hands or to give them any article that is has handled or that has passed its lips.

Measles is a disease of close association; hence its increase during the colder months.

CAUSE—It is thought by many that measles is a germ disease and that there are chronic carriers, but this has not been proved. It is not known what the cause of measles is. A great many scientists have described the germs which they believe the causal agent, but these have not been positively proven as the cause of measles. We do know, however, that the infection of measles is found in the secretions from the nose and throat during the first stages of the disease.

AGE—Measles may occur at any age, even in old age. It is most fatal from the second to the fifth year, and most common from the fifth to the eighth year. The longer one can put off having the measles the better, because the younger the child is when it has the measles the more likely it is to die, and the more likely it is to suffer severe effects from it, even if it does not die.

INCUBATION—If a child is exposed to measles and does not take the disease in fourteen days, it will escape an attack at the time.

Measles is contracted by direct exposure to a case, and always in its early course, just before or after the eruption appears. This disease is not likely to be contracted from clothing or handkerchiefs unless these contain fresh mucus from a patient with the measles. The disease is not infectious longer than a week or ten days.

SYMPTOMS—Measles usually begins with a moderately high fever generally the younger the child the higher the fever; cold in the head, a dry, hoarse, barking cough; red, watery eyes that shun the light; running nose; sore throat; an eruption behind the ears and on the forehead at the roots of the hair. These are the early symptoms. In a few days rash appears behind the ears, on the forehead near the hair and on the neck and chest. On the third or fourth day rash appears on the arms and legs and spreads to the palms of the hands and soles of the feet, and by this time the rash on the face is beginning to fade.

COMPLICATIONS—In severe cases bronchitis and pneumonia are frequent complications. The late complications after the child recovers are disease of the teeth. If you can prevent children contracting measles until after they are seven years old you may help preserve their teeth. Both measles and whooping cough frequently attack the teeth.

EAR—The most serious complication in measles is found in the ear. Why the virus of this disease attacks the ear is not known, but that it does so is shown by the large number of inflamed ears in measles and consequent deafness in later life. Earache in measles is always a dangerous complication; but ear complications in this disease are not always attended by pain. The child will sometimes have its ear drum swollen and full of pus and the pus will break through and damage or destroy the ear drum without the slightest evidence of pain. To avoid this complication have your doctor make daily examinations of the ear. Unless the ears are inspected every day the first sign of danger may be a running ear. Remember that children do not always become deaf or hard of hearing after measles in childhood, but often, twenty or thirty years later, and because of deafness they are deprived of many advancements and financial opportunities, and many of the delights of music and conversation.

TREATMENT—A child with the measles should be put to bed and kept there as long as it has any fever or cough. The room should be airy but darkened, because children with measles are very sensitive to light. The bed clothes should be light and comfortable, as the patient is likely to get too warm and kick off the covers and take cold. A chilling in this way may predispose to pneumonia. Food should be light and consist chiefly of nutritious broths, pasteurized milk and soft boiled eggs, and such food as the doctor recommends. Iced lemonade is very cooling to the inflamed throat. The eyes should be kept clean, and should the fever get high, the comfort of the patient may be increased by sponging with tepid water and alcohol.

The teeth should be brushed night and morning and after taking food, and the mouth well rinsed out with salt water.

Don't use patent medicines. Don't take any chances, but call your family physician upon the appearance of the first symptoms and thus reduce the possibilities of complications. If you know a child has been exposed to measles keep it under observation until about the eighth day and then call the doctor.

Whooping Cough

Whooping cough is a serious disease in its immediate and remote effects. The name of this disease is descriptive of the peculiar cough associated with it. An attack of the disease in a healthy child of four years or older rarely proves fatal; but in a delicate child, especially with latent tuberculosis, and also in the aged, whooping cough is always to be dreaded.

CAUSE—Whooping cough is caused by a germ which is present in the spittle thrown out when the patient coughs or vomits. The germs are present at all stages of the disease but most abundant at the beginning of the whoop, and for that reason the disease is most dangerous at that time.

AGE—No age is exempt, but this disease occurs more frequently than any other infectious disease during the first six months of life.

The largest number of cases and the greatest number of deaths occur in the first year of life.

INCUBATION—The exact period of incubation is not known. Observations seem to show that it varies from two days to two weeks. It seems to be pretty well proved that whooping cough is transferred from one person to another by fairly close contact only, and that the sputum is the agency by which the germs leave the body of the patient. During violent coughing the sputum is thrown a considerable distance in the form of a fine spray and in this way, and also by means of handkerchiefs, bedclothes, etc., recently sprinkled with sputum, that the germs are carried. This disease is believed by some to be transmitted three or four weeks after the last whoop is heard.

SYMPTOMS—The first symptoms are those of an ordinary cold in the head and thorax; running of the nose, slight fever, and a dry, jerky cough, which has a tendency to be spasmodic. In mild attacks the child may cough only a few times a day, but in other cases the seizures may occur quite often. If the child is kept quiet the paroxysms occur much less frequently.

In severe cases there may be bleeding of the nose or into the whites of the eyes and blood may come from the ears or the mouth. There is likely to be loss of appetite, and because of vomiting there is a loss of flesh and consequent weakness. In the early stages the eyelids are red and swollen, and the face may have a puffed appearance, particularly during the cough.

COMPLICATIONS—Pneumonia and bronchitis are the chief complications, but these usually occur in cases under five years of age. Diarrheal disease is a frequent complication during the summer months.

PREVENTION—To prevent getting this disease keep away from it. Everything that has come in contact with a patient having whooping cough should be sterilized before it is allowed to come in contact with others.

TREATMENT—Whooping cough is a dangerous disease, and no child should be allowed to go through an attack without intelligent care and attention. Upon appearance of the first symptoms send for the doctor and keep the child under observation. Fresh air and plenty of it is one of the best remedies.

Clean the teeth after meals, morning and night, and rinse out the mouth well; also rinse the mouth after every attack of coughing. It is believed that this disease causes decay of the teeth especially when children have it before they are seven years old.

The records of the Vital Statistics Bureau of the State Department of Health show a marked decrease in deaths from both measles and whooping cough in 1919. There were 37 deaths reported from measles and 81 from whooping cough in Oklahoma against 255 from measles and 259 from whooping cough in 1918.

Diphtheria

Diphtheria is one of the most dreaded diseases of childhood. Due to modern discoveries, however, there are few diseases about which we know so much. Its prevention and control are feasible, provided there is intelligent co-operation of the sanitary authorities, medical profession, parents and teachers, and the general public.

Whether or not Diphtheria is one of the most dangerous or one of the least dangerous of diseases depends upon the way it is treated. It is one of the least dangerous when treated with anti-toxin; and is one of the most dangerous when the anti-toxin treatment is insufficient, delayed or not given. Before the discovery of anti-toxin one out of every three children who had diphtheria died.

Ninety-eight out of every hundred now recover if anti-toxin is used on the first or second day. The sooner this disease is attended to the more certain is a cure. A delay of a few hours may prove fatal.

CAUSE—Diphtheria is caused by the growth, usually in the nose, throat or windpipe, of a germ known as the "Klebs-Loeffler bacillus." This germ was discovered by Klebs and first studied by Loeffler, hence its name. The form of this germ is quite distinctive and trained observers have very little difficulty in differentiating between it and other germs found in the throat. This germ is always found in persons having diphtheria at the spot where the disease process is going on.

Milk is another carrier of diphtheria, and as a result we have many outbreaks of this disease caused by infected milk. The germs get into the milk at the farm or dairy by reason of the presence of a case of diphtheria, or because some member of the farm or dairy force was a diphtheria bacillus "carrier." The diphtheria germ has been grown in a number of instances from milk causing epidemics, which proves the connection between milk and the outbreak.

Since we have learned so much about diphtheria we know that the disease is kept alive and transmitted by the presence among us of "carriers." Carriers are persons who harbor the germs in their throats, in adenoids or tonsils, in their noses or in decayed teeth, and who are apparently well and have no symptoms of the disease. Such persons are immune by reason of having sufficient anti-toxin in their bodies to protect them against the disease.

AGE—Diphtheria victims are chiefly children under five years of age. However, at no age is one entirely immune. It is estimated that about 75 out of every 100 adults will not take diphtheria because they have enough natural anti-toxin in their bodies to protect them. There is no difference in the sexes as to susceptibility to the disease.

SYMPTOMS—The patient becomes sick in three to ten days after exposure to this disease. There are three types of diphtheria which merge into each other so that we cannot always separate them.

SIMPLE LOCAL DIPHTHERIA—This type begins with slight fever. Often there is a feeling of chilliness and the back and limbs may ache. There is a slight sore throat and the patient complains of pain upon swallowing, which is caused by swelling of the tonsils. Upon examination of the throat a grayish membrane is found forming upon the tonsils soft palate and vicinity. The light nature of these symptoms may be due either to high natural resistance to the disease or to the fact that but little of the poison was adsorbed.

DIPHTHERIA AND GENERAL ILLNESS—In this second type of infection the fever is high from the beginning. The patient is usually restless and delirious, with a rapid pulse. All throat symptoms are much more pronounced and the membrane has a tendency

to spread up into the nose and down into the windpipe. The surface of the body become cool and clammy, and the lips and face are purple. Death may follow from suffocation or heart failure.

SEPTIC FORM OF DIPHTHERIA

In this form we have from the beginning symptoms of a severe illness. The membrane spreads rapidly and has a tendency to cause the death of the underlying tissues. Large sloughs form, leaving deep ulcers behind. The odor of the breath becomes very offensive.

COMPLICATIONS—Paralysis of one or more groups of muscles is a common complication of this disease. The muscles usually affected are those of the palate, the throat, and the eye. Paralysis of the nerves of the heart may take place, causing sudden death even a considerable time after local symptoms have disappeared and the patient thought to be out of danger.

PREVENTION—Every person susceptible to diphtheria should be immunized against it. As to whether a person can contract this disease may be determined by a very simple test known as the "Schick Test." This test consists in injecting a few drops of prepared diphtheria anti-toxin into the skin. If a red spot does not appear at the point of injection within two or three days, it shows that the person cannot catch diphtheria. Those whom this test shows to be susceptible to diphtheria should take the protective treatment which consists of three small injections of anti-toxin, a week apart.

All precautions taken in other infectious and contagious diseases will be helpful in preventing the spread of diphtheria.

Scarlet Fever

Scarlet Fever is an acute infectious and contagious disease. Infection exists from the earliest symptoms and continues long after convalescence has been established. Epidemics are more common in this country in the fall and winter, but malignant cases are not unknown even in mid-summer.

CAUSE—The micro-organism of scarlet fever has not been isolated.

AGE—Children under ten years of age are most susceptible; ninety per cent of the cases occur in children under ten. After the tenth year resistance to the disease increases. The reason why infants at the breast are less likely to contract the disease is attributed to the diminished chances of infection entering the mouth. One attack usually protect one from subsequent attacks.

INCUBATION—From a few hours to a week. Scarlet fever is not contagious during the period of incubation. It is most contagious during the period of eruption. This disease is readily communicable but less so than measles or smallpox.

SYMPTOMS—The onset is usually very sudden. In very young children the attack is preceded by convulsions. Vomiting is an early symptom. Sore throat with pain and difficulty in swallowing; fullness and tenderness beneath the jaw. The tongue is at first heavily coated and red at the tip and edges. After a few days the coating disappears from the tongue and the papillae become a bright red and swollen. About the second day a scarlet red rash appears on the neck and chest and rapidly spreads over the entire body.

COMPLICATIONS—The most common is nephritis. Nephritis may be the immediate cause of death in scarlet fever, or it may become chronic. Many cases, however, result in complete recovery. There are many other complications, among which may be mentioned inflammation of the middle ear, and a peculiar inflammation of the joints resembling rheumatism.

TREATMENT—The first thing to do in a case of scarlet fever is to isolate the patient and remove all healthy children and adults. All articles used in the sick room should be thoroughly disinfected before being removed. To prevent dissemination of scales cocoa-butter or cold cream should be applied to the body of the patient at least once a day. The patient should not be allowed to leave his bed for a week after the fever has subsided. Tepid sponging during the period of fever is very grateful and adds to the comfort of the patient. Follow the directions of your doctor closely.

Chicken Pox

Chickenpox is one of the minor communicable diseases, in that mortality is practically nil and complications rare. This disease is recognized as comparatively harmless, but because small pox is so frequently mistaken for it in its early stages that it is always advisable to summon a physician upon the appearance of the first symptoms.

This disease occurs sporadically and epidemically. It is essentially a child's disease, but adults are not exempt. One attack usually protects from another.

INCUBATION—From fourteen to sixteen days.

SYMPTOMS—In most cases there is a slight fever with chilliness. Within the first twenty-four hours an eruption appears.

TREATMENT—No special treatment is required. The child should be separated from others until the crusts have disappeared. Itching may be allayed by the application of carbolized vaseline.

Colds

One of the most prevalent of diseases is the common cold. Every one is so familiar with a cold that a description would be superfluous. Colds are infectious. We used to believe that sitting in a draft would produce a cold. We now know that a cold is caused by a germ received from another person. These germs leave the body through the secretions of the mouth and nose and enter the body through the same route.

Many cases of pneumonia begin as common colds. And while colds do not produce tuberculosis, yet what is considered a cold may in reality be the first symptoms of that disease.

Colds occur in epidemics and are distinctly contagious. Schools and industries are crippled by such epidemics and complications and serious disorders following the disease add to the great economic loss produced in this way.

To prevent a cold avoid hot, stuffy, unventilated rooms. Take exercise regularly in the open air; plenty of sleep; keep the body, mouth and nose clean; avoid exposure to sudden changes of temperature and the chilling of the body either by wet or cold. Keep bodily

resistance at the top notch. A cold lowers the vitality and resisting power, thus making a person more susceptible and less able to withstand the onslaught of other diseases. Colds are serious and should be treated as such. Save time and inconvenience by consulting a physician upon the first appearance of a cold.

All articles used by the patient should be sterilized. Kissing, and use of common drinking cups and towels should be prohibited, it being borne in mind constantly that colds are infectious and readily spread from one person to another.

Health Quotations

The first wealth is health.—Lytton.

Why should thou die before thy time?—Eccel. 7:17.

The tongue of the wise is health.—Prov. XII:18.

Gold that buys health can never be ill spent.—Jno. Webster.

He who has health has hope, and he who has hope has everything.
—Arabian Proverb.

There is no kind of achievement equal to perfect health.—
Theodore Roosevelt.

Health is the essential factor in productiveness, prosperity and happiness—and hence in the advancement of civilization.—Sir Frederick Treves.

The Public Health is the foundation upon which reposes the happiness of the people and the strength of the nation. The care of the public health is the first duty of a statesman.—Bisraeli.

Our National health is our greatest asset. To prevent any possible deterioration of the American stock should be a national ambition.—Roosevelt.

He who has not health has nothing.—Rousseau.

Recommendations for Promoting Health and Efficiency in the Small Town and Rural Schools.

A child today, a citizen tomorrow. To raise the standard of our citizenship our efforts must largely be directed toward the child. The most effective way to reach the child is through the public schools. Therefore it follows that if we would raise the level of our citizenship we must raise the level of our public schools.

NEED OF HIGHER STANDARD

The imperative need for a higher standard, both from the standpoint of health and education, was brought home to us very forcibly by the fact that a large per cent of our young manhood was not physically acceptable for service in the late war. Examinations further showed that the extent of illiteracy was appalling many men when drafted into service being unable to read and correctly construe orders, and that a still larger per cent had never gone beyond the third or fourth grades.

That such regrettable conditions may no longer obtain in our progressive state; that the child in the small town and rural sections may have an equal opportunity with the child in the city for at least eighth grade and high school training, I favor abolishing some of our state schools and applying the moneys now used for their maintenance toward the building of substantial, modern school buildings in the small towns and rural communities, furnished with modern equipment and to the employment of better paid, more highly trained teachers.

While we are proud of our higher institutions of learning—and none more proud than myself—yet, such a small number of our children will ever benefit by the advantages offered by such institutions compared to the great number that must of stern necessity say farewell to school days when the eighth grade or, at most, when high school is finished.

STATE FUNDS SHOULD BE APPLIED WHERE THEY WILL PROFIT LARGEST NUMBER

That laws shall be framed for the promotion of the general welfare is one of the basic principles of our Federal Institution. And justice and fair dealing demand that the public funds of a state shall be applied where they will bring the greatest profit and most good to the largest number.

MODERN SCHOOL HOUSES FOR RURAL COMMUNITIES

The time has arrived when, if we are wise and can read aright the signs of the times, we must look at facts and deal with conditions in a practical way. If our nation is to endure indefinitely as the brightest star in the galaxy of nations and continue to be singled out and looked upon by other peoples as a model, the old time sentiment and glamour clinging about the little, rustic schoolhouse on the hill must be dispelled and the country schoolhouse replaced, in this and other states, by a modern, well lighted, well heated, well ventilated consolidated school building.

This modern schoolhouse must be builded and equipped with all due regard to the health and comfort of the children, whose parentage has ever been our country's most loyal and dependable citizens and the first to spring to the defense of our nation's honor.

SIZE AND ARRANGEMENT OF SEATS AND DESKS

The seats in this modern building to be arranged to the best possible advantage with regard to the light that there may be no strain on the youthful eyes. Every child should be given a seat which will permit its feet to rest comfortably on the floor; otherwise, the child will swing its feet all day which depletes energy and brings about the establishment of nervous habits.

The desk should not be too high nor too low; as in either case it is a strain on the spine and throws the little body out of correct posture. "As the twig is bent, so the tree is inclined."

DOMESTIC SCIENCE DEPARTMENT IN EVERY SCHOOL

Because poor cooking and unbalanced rations are responsible for numberless victims of stomach trouble, gastritis, and that great curse of the American people—CONSTIPATION, I would like to stress the importance of a fully equipped domestic science department in every school. It is also important that a course in this Department be made compulsory for girls, as in addition to teaching them how to combine and properly prepare foods, it will also engender thrift in our future housewives.

It is essential every child should have warm nourishing food for its lunch, including a bowl of hot soup, hot malted milk, etc. Such food could be prepared in the domestic science department at the minimum cost. The average lunch usually eaten by the child in the country school too often consists of the leavings of an unwholesome

breakfast which would tax the digestive powers of a strong man engaged in manual labor. Then we wonder why some of our children are dull, slow of comprehension, unable to concentrate, and fall behind in their classes. Unbalanced and faulty rations are now believed by scientific men to create conditions that bring about pellagara.

SCHOOL HYGIENE

The teacher or school physician should notice closely the lighting, heating and ventilation of the school room; also location of the source of the water supply with reference to possible pollution. Should pollution of the water supply be suspected, a sample of the water should be sent to the State Health Laboratory, Second & Stiles Sts., Oklahoma City, for examination and analysis. The teacher should also look closely to the cleanliness of her room, and the admission of sunlight, when possible, is desirable.

UNWASHED HANDS SPREAD DISEASE

If there are no facilities furnished for the children to wash their hands before eating their noon lunch, the teacher should insist on such facilities being installed and should make an iron-clad rule, requiring every child to thoroughly wash its hands with soap before eating its lunch. Each child should use his own cake of soap, a sanitary towel and a sanitary drinking cup. It is now recognized the common towel, common drinking cup, and the handling of food with unwashed hands are prolific sources in the spread of disease.

ATTENTION TO TOILETS

The toilets should receive attention. The floors should be clean and dry, and the bowls properly emptied. If outside closets are used, large supply of earth or the generous use of quick lime will aid in keeping the place in sanitary condition. A few directions regarding the cleanliness of the room should be posted in the toilets or closets.

SCHOOL FURNITURE

All pupils should be seated with reference to comfort. Each child should have a seat of such height that the feet will rest easily on the floor. The desk should not be high enough to touch the knees, and should be low enough for the arms to rest comfortably without much raising of the elbows; but not low enough that the student must bend down to write.

The seat should be near enough that the scholar may reach the desk to write on it without leaning forward but slightly so that the support of the back rest will not be entirely lost. The seat should not be so close as to press against the abdomen nor near enough to interfere with easy rising from the seat. This means that the seat must not project under the desk more than an inch at most.

The seat should have a back rest that will support the small of the back properly without the student having to lean back excessively. Whether or not the rest of the back is supported is of small consequence; support of the back up to the shoulder blades is likely to do as much harm as good.

The floor of the school room should never be dry when swept, but should first be covered with some kind of a sweeping compound or sprinkled with crude oil.

The use of black-boards in all up to date schools have been dis-

continued. Blackboards should go into the discard everywhere. The inhalation of chalk dust by children bring about catarrhal conditions of the nose and throat, and other disorders of the respiratory glands and lungs.

VISION AND HEARING TESTS

Under the provisions of the Massachusetts statute each teacher is required to examine her pupils at least once a year for the purpose of testing their sight and hearing and making a report on the results found. Connecticut has a similar law.

There is some difference of opinion among authorities on medical supervision of schools as to whether or not the room teacher is competent to detect signs of contagious diseases among her children. There is much less doubt expressed as to the ability of the teachers, especially if she be given a little careful training, to successfully examine her pupils to detect the presence of eye trouble, defective hearing, and the more easily detected nose and throat defects.

The mandatory provisions in the Massachusetts statute that tests for sight and hearing be conducted by the teachers have caused some surprise and criticism. However, we learn that such provisions were inserted upon the recommendation of specialists who deemed that such tests were wholly within the capacity of the teacher, and who were also of the opinion that the children would be subjected to less nervous strain than if tested by a stranger and therefore exhibit themselves in a more natural way.

It is the intention of the Massachusetts law that scientific examination by specialists be made in cases where defects are revealed by the teacher's test.

The equipment of every school should contain test charts, astigmatic charts and the multiple rod. And I am in favor of a law similar to that of Massachusetts and Connecticut for sight and hearing tests to be made by teachers, and where such tests reveal defects that a scientific examination be made by a specialist.

TO TEST THE EYESIGHT

Hang the test chart (Snellen's being perhaps the best and most universally used) in a good clear light on a level with the head. Place the child twenty feet from the letters, one eye being covered by a card held firmly against the nose without pressing on the covered eye, and have him read aloud the smallest letter he can see on the card. Make a report of the result. Examine each eye separately. Test the right eye first by having the letters named in order from the top downward. For the left eye have the letters named from right to left to avoid repetition by memory.

Children under seven years need not be examined.

Children wearing glasses should be tested with their glasses properly adjusted to their eyes.

It is better to examine the children singly and separately. Ascertain whether the child habitually suffers from inflamed lids or eyes, and whether after study it has weariness or pain in the eyes or head, or is suffering from squint (cross eyes).

Do not expose the charts when not in use, as familiarity leads to memorizing the letters.

If it is suspected that the answers are being made from memory, cut a hole about one and one-half inches in a narrow strip of cardboard so as to allow only one or two letters to show through the hole, and by skipping around rapidly it is easy to prevent memorizing of the letters.

TO TEST THE HEARING

All children should be examined to ascertain whether or not they have defective hearing.

Children should be examined singly and privately.

Find whether the child has frequent earaches; has pus or a foul odor proceeding from either ear, suffers from frequent colds in the head, is subject to a constant catarrhal discharge from the nose or throat, or is a mouth breather.

Seat the child facing you near one end of a QUIET room with the windows closed and begin the test of the hearing at a MEASURED distance of 25 feet. The test is made by having the left ear tightly closed with the finger while you observe the ability of the child to repeat your MODERATE whispers of numbers between 21 and 99 inclusive. Test the right ear by having the left ear tightly closed. Avoid a wall behind you to act as a sounding board. The figures should be pronounced with as nearly equal emphasis as possible. The distance at which a child correctly repeats a series of three numbers gives his hearing distance for that ear. No further test is necessary if the child hears the numbers perfectly with each ear. If this test shows a slight defect of either ear, further tests may be made by observing how the child hears the tick of a watch, which should be heard normally at a distance of not less than three feet.

The hearing distance is recorded by a fraction. The distance you are from the child representing the numerator and the denominator is 25. Therefore if he repeats the numbers correctly at 25 feet his hearing is 25-25 or normal. If he only repeats the numbers correctly when you are 20 feet his hearing is 20-25 or 4-5 normal, etc.

FREE TEXT BOOKS

Oklahoma no doubt possesses the talent, and I therefore think the writing of textbooks should be done by citizens of this state. Further, I can see no good reason why text books, tablets and pencils should not be made by convict labor and furnished by the state. This would remove a handicap from many a child whose progress is retarded because his parents are too poor or too indifferent to supply the necessary books.

To Keep Well

Ventilate every room.

Wear loose, porous clothing, suited to season, weather and occupation.

If you are an indoor worker, be sure to get recreation out of doors.

Sleep in fresh air always; in the open if you can.

Hold a handkerchief before your mouth and nose when you cough or sneeze and insist that others do so, too.

Always wash your hands with soap before eating.

Do not overeat. This applies particularly to meat and eggs.

Eat some hard and bulky food; some fruits.

Eat slowly—chew thoroughly.

Drink sufficient water daily.

Evacuate thoroughly, regularly.

Stand, sit and walk erect.

Keep the teeth, gums and tongue clean.

Work, play, and rest in moderation.

Keep serene. Worry is the foe of health. Cultivate the companionship of your fellowmen.

Avoid self drugging. Beware of the plausible humbug of the patent medicine fakir.

Consult your doctor once a year, and your dentist every six months.

SUGGESTIONS TO TEACHERS AND SCHOOL PHYSICIANS WITH REFERENCE TO MEDICAL SUPERVISION. INFECTIOUS DISEASES

DIPHTHERIA. A mild case of diphtheria, minus constitutional disturbances, is recognized as a responsible factor in causing the spread of this disease, and that in such cases there is frequently a profuse discharge from the nose. It is therefore important that cultures should be taken from the nose in every case where there is a persistent discharge, particularly if there is any excoriation about the nostrils.

The throat should be examined at frequent intervals, depending upon physical condition of the child. Thickness of the voice or hoarseness should cause an examination of the throat.

A child with positive cultures should be excluded from school until two negative culture have been obtained, allowing about forty-eight hours to elapse between cultures.

SCARLET FEVER. If a child complains of a headache, has a red, ugly throat, a sudden attack of vomiting and a rise in temperature that is unaccounted for, the child should be isolated at once. Any peeling of the skin, any breaks at the finger tips, or if a white line shows at the juncture of the nail when the pulp of the finger is pressed upon, the child should be excluded from school.

A child who has had scarlet fever should not be allowed to return to school until all discharge from the nose and ears has ceased and the process of peeling of the skin has been entirely completed.

MEASLES. Shrinking from the light and a running from the nose should cause an examination of the mucous membrane of the mouth for minute white blisters, without inflammation around them, near the molar teeth. There may be only two or three of these blisters and they may escape detection if the patient is not examined in a good light. Such blisters are certain fore-runners of an attack of measles.

No child should return to school after having the measles until desquamation is completed, and it has entirely recovered from the intercurrent bronchitis.

MUMPS. Tenderness and swelling in the region behind the angle of the jaw, known as the "parotid glands" is a suspicious symptom. Also a frequent symptom of mumps is an enlargement or swelling inside the mouth, opposite the second molar tooth.

No child should be allowed to return to school until the disappearance of all swelling and tenderness in the region of the parotid gland.

WHOOPIING COUGH. Whooping cough is indicated by a persistent, spasmodic cough accompanied by vomiting, whether or not there is any whoop. An ulcer on the band connecting the lower surface of the tongue with the floor of the mouth is found in many cases of whooping cough of long standing, even if there has been no distinct whoop.

As long as there is any cough a child should not return to school.

CHICKEN POX. A few black crusts scattered over the body are evidence of a case of chicken pox. The crusting seen in impetigo must be differentiated from that of chicken pox.

A child having chicken pox should be excluded from school until all crusts have disappeared from the body, particularly from the scalp, as the crusts remain longer on the head than elsewhere.

THE EYES.

The ordinary test for normal vision show many children to be without defective vision. But if these same children are noticed to have the following peculiarities their parents should be notified to have their eyes tested:

1. Children who habitually hold the book too near the head (less than fourteen inches.)
2. Children who frequently complain of headaches, especially in the afternoon during the latter portion of school hours.
3. Children having one eye that deviates even temporarily from the normal position.

The teacher should also remember that the following symptoms are sometimes indicative of eye trouble:

1. Habitual scowling and wrinkling of the forehead when reading or writing.
2. Twitching of the face.
3. Inattention, and backwardness in book studies in children otherwise bright.

THE EARS

Parents should be notified to have the ears of children looked after when there is any running from the ears, or crusty patches about them. A child is also hard of hearing and the matter should be looked after when it sits with its mouth open, which gives it a somewhat dull expression. When a child hears questions imperfectly it is slow in its studies and often stupid in its answers.

THE THROAT AND NOSE

In all cases of acute illness the throat should be examined for the presence of the eruption of scarlet fever and measles and for the membrane of tonsilitis and diphtheria, and a culture taken in any suspected case of the latter.

The presence of any discharge from the nose should be noted, and if it is thick and creamy, a culture should also be taken. In all cases of severe hoarseness, with difficult breathing diphtheria should be suspected. If the discharge is only from one nostril, a foreign body in the nose should be looked for.

In cases of chronic nasal obstruction, as evidenced by mouth breathing, snoring, continual post-nasal catarrh or recurring ear trouble, the presence of an adenoid growth should be suspected, and the child referred for special examination and treatment. As a rule, digital examination for adenoids should be made only by the operating surgeon. Obviously large tonsils, recurring tonsilitis and enlargement of the glands of the neck, suggests the advisability of referring the child to the family physician as to the propriety of removing the tonsils.

Recurring nosebleed should be referred for special treatment.

In case of eczema about the nostrils, the cause may be sought in head lice.

In referring cases for treatment, school physicians, in addition to the diagnosis, should state the symptoms upon which the diagnosis is based, for the benefit of the family physician or specialist.

DISEASES OF THE SKIN

SCABIES (ITCH). A contagious skin disease, due to an animal parasite which burrows in the skin, causing intense itching and scratching. This disease usually begins upon the hands and arms, spreading over the whole body, but does not affect the face and scalp. Between the fingers, on the front of the wrists, at the bend of the elbows and near the arm-pits are favorite locations for the disease; but in persons of cleanly habits the disease may not show at all upon the hands, and its real nature is determined only after a most thorough and careful examination. There is a great variation in the extent and severity of this disease, lack of personal care and cleanliness always favoring its development. Scratching soon brings out an infection of the skin with some of the pus producing germs, and the disease is then accompanied by impetigo, or a pus infection of the skin.

During the last school year itch was very common and widespread, and I had many inquiries concerning it from different parts of the state. Mild cases are often mistaken for hives or eczema, and the disease spreads in consequence. All children who are scratching or have an irritation upon the skin should be examined for scabies.

All infected members of the family should be treated until cured, else the disease is passed back and forth from one to another. It is important that all underclothing, bedding, towels, etc., things that come in contact with the body be boiled when washed.

All cases of scabies should be excluded from school until cured.

PEDICULI CAPITIS (HEAD LICE). The irritation caused by vermin in the scalp leads to scratching, which in turn causes inflammation of the skin of the neck and scalp. The skin then easily becomes infected with some of the pus-producing germs, and scabs and crusts are formed from the dried matter and blood. This condition may be accompanied by the swelling of the glands back of the ears and in the neck, which may be very painful and tender.

Head lice are more easily detected by looking for the eggs (nits), which are always stuck on the hair, and are not easily brushed off. The condition is best treated by killing the living parasites with crude oil and then getting rid of the nits. With boys this is an easy matter—a close haircut is all that is needed; with girls, by using a fine-toothed comb wet in alcohol or vinegar, which dissolves the attachment of the eggs to the hair. All combs and brushes should be carefully cleansed.

Children with head lice should be excluded from school until their heads are clean.

RINGWORM—A vegetable parasitic disease of the skin and scalp which yields readily to treatment upon the skin, but upon the scalp it is extremely chronic. Ringworm of the skin usually appears on the face and hands—rarely upon the skin of the body—in varying sized circles. All ringed eruptions upon the skin should be examined for ringworm.

When this disease attacks the scalp, the hairs fall or break off near the scalp, leaving bald spots. The scalp in these areas is usually dry and somewhat scaly, but may be swollen and crusted. The disease spreads at the edge of the circles or rings, and new areas arise from scratching, etc.

Another disease, somewhat like ringworm of the scalp is known as favus. In this disease quite abundant crusts of yellowish color are present where the process is active. The roots of the hair are killed so that the loss of the hair from this disease is permanent, a scar remaining when the condition is cured.

Care must be taken to see that all combs and brushes are care-

fully cleansed and to prevent children from wearing each others' hats and caps, etc.

Children with ringworm should not be allowed to attend school.

IMPETIGO—This disease is characterized by large or small flat or elevated pustules or festers upon the skin. The condition is often secondary to irritation to itching diseases of the skin (hives, lice, itch) and scratching starts up a pus infection.

The disease most often appears upon the face, neck and hands, less often upon the body and scalp. The size of the spots vary and often run together, forming on the face large superficial sores, covered with thick, dirty, yellowish or brownish crusts.

The disease is contagious, and often spread by towels and things handled.

Children having impetigo should be excluded and not allowed to return to school until all sores are healed and the skin smooth.

DISEASE OF THE BONES AND JOINTS

Noticable lameness, whether sudden or continued, may indicate serious joint trouble, or may be due to improper and ill fitting shoes. Such cases, as well as curvature of the spine, as indicated by habitual faulty postures at the desk or in walking, should be referred for medical examination.

Curvature of the spine should be suspected when one shoulder is habitually raised or dropped, or when a child leans to the side, or shows persistent round shoulders.

Complaints of persistent "growing pains" or "reumatism" may be the earliest signs of serious disease of the joints.

GENERAL SYMPTONS OF DISEASE WHICH THE TEACHER SHOULD NOTICE, AND ON ACCOUNT OF WHICH THE CHILDREN SHOULD BE REFERRED TO THE SCHOOL OR FAMILY PHYSICIAN.

EMACIATION—This is a manifestation of many chronic diseases, and may point particularly to tuberculosis.

PALLOR—Pallor usually indicates anemia. Pallor in young girls usually means chlorosis—a form of anemia peculiar to girls at about the age of puberty. It is usually associated with shortness of breath; the condition may otherwise appear good. Pallor may also be a manifestation of diseases of the kidneys; this is almost invariably the case if it is associated with puffiness of the face.

PUFFINESS OF THE FACE—This, especially if it is about the eyes, points to disease of the kidneys; it may, however, indicate nasal obstruction.

SHORTNESS OF BREATH—Shortness of breath usually indicates disease of the heart or lungs. If it is associated with blueness, the trouble is usually in the heart. If it is associated with cough, the trouble is more likely to be in the lungs.

SWELLINGS IN THE NECK—These may be due to mumps or enlargement of the glands. The swelling of mumps comes on acutely and is located just behind, just in front and below the ear. Swollen glands are situated lower in the neck, or about the angle of the jaw. They may come on either acutely or slowly. If acutely they mean some acute condition in the throat. If slowly they are most often tubercular. They may also be the result of irritation of the scalp, or lice in the hair.

GENERAL LASSITUDE, AND OTHER EVIDENCE OF SICKNESS—These hardly need description, but may, of course mean the presence or onset of any of the acute diseases.

FLUSHING OF THE FACE—This usually means fever, and on this account should be reported.

ERUPTIONS OF ANY SORT—All eruptions should be called to the attention of the physician. It is especially important to notice eruptions, as they may be the manifestation of some of the contagious diseases. The eruption of scarlet fever is of a bright red color, and usually appears first on the neck and chest, spreading thence to the face. There is often a pale ring around the mouth in scarlet fever, which is very characteristic. There is also usually a sore throat in connection with the eruption.

The eruption of measles is a rose or purplish red, and is in blotches about the size of a pea. It appears first on the face, and is usually associated with running of the nose and eyes. The eruption of chicken pox appears first as small red pimples, which quickly become small blisters.

A COLD IN THE HEAD, WITH RUNNING EYES—This should be noticed, because it may mean the onset of measles.

IRRITATING DISCHARGE FROM THE NOSE—A thin watery nasal discharge which irritates the nostrils and upper lip should always be regarded with suspicion. It may mean nothing more than a cold in the head, but frequently indicates diphtheria.

EVIDENCES OF SORE THROAT—Evidences of sore throat, such as swelling of the neck and difficulty in swallowing, are of importance. They may mean nothing but tonsillitis, but on the other hand may mean diphtheria or scarlet fever.

COUGHS—It is very important to notice whether children are coughing or not, and what is the character of the cough. In most cases a cough merely means a simple cold or slight bronchitis. A spasmodic cough, that is, a cough which occurs in paroxysms and is uncontrollable, very frequently indicates whooping cough. A croupy cough, that is a cough that is harsh and ringing, may indicate diphtheria. A painful cough may indicate disease of the lungs, especially pleurisy or pneumonia. A long continued cough may mean tuberculosis of the lungs.

VOMITING—Vomiting usually means some digestive upset. It may, however, be the first symptom of many of the acute diseases, and should therefore receive attention.

FREQUENT REQUESTS TO LEAVE THE ROOM—Teachers are too much inclined to think that frequent requests to leave the room merely indicate restlessness or perversity. They often, however, indicate trouble of some sort, which may be in the bowels, kidneys, or bladder. Such condition should always be reported to the physician.

THE TEETH

Unclean mouths promote the growth of disease germs, and cavities in the teeth are centers of infection. Pus from diseased teeth seriously interferes with digestion and poison the system. It causes a lowering of vitality and renders mental effort difficult. Diseased teeth, temporarily as well as permanent, are often the causes of abscesses, and should be carefully watched and treated.

Irregularities of the teeth, especially those which make it impossible to close the teeth properly lead to faulty digestion, to mouth-breathing, and to other diseases and evils which an insufficient supply of oxygen produces.

The first permanent molars are perhaps the most important teeth in the mouth, and are the most frequently neglected because they are so often mistaken for temporary teeth. It should be remembered that there are twenty temporary teeth, ten in each jaw, and that the teeth that come in about the sixth year immediately behind each last temporary tooth—four in all—are the first permanent molars.

The teacher should be on the lookout for pain and swelling in the face. When the child keeps the mouth constantly open an examination of the teeth should be made. When symptoms of indigestion occur, or physical weakness or mental dullness is observed the teeth should be inspected. It should be remembered that disease of the ears, disturbances of vision and the swelling of the glands of the neck may be caused by diseased teeth.

Children should be instructed that decay of the teeth is caused primarily by fermentation of starchy foods and sugars, and the greatest factor in preventing dental troubles is the removal of food particles by frequent brushing. Children should be prevented from eating crackers and candy between meals, and when at all possible the teeth should be cleaned after meals. Inspection of the teeth by a dentist should be made at least once in six months.

A reliable and experienced dentist has told that if children formed the habit in early life of brushing their teeth well and rinsing the mouth and throat with a warm solution of salt water upon arising in the morning, and then brush them again regularly at night with some good tooth paste or even with cold water, that the dentist would almost have to go out of business. The salt water hardens and keeps the gums healthy, and at the same time is a germicide.

NERVOUS TROUBLES AND MENTAL DEFECTS

Teachers and medical inspectors of schools should carefully investigate children who show certain physical and mental symptoms. Especially should the presence of such symptoms be noted in a child who did not formerly show them. The most important of these are the following.

1. Restlessness and inability to stand or sit quietly, in a previously quiet child, particularly if to this is added irritability of temper and loss of self control, as shown by crying at trifles, or inability to keep attention fixed.

There may also be present quick, twitching movements of the muscles of the trunk, face and especially of the hands, fingers, arms or legs. If severe, these may cause the child to drop things, render its work awkward, or interfere with buttoning the clothes, writing or drawing. Such children are often scolded unjustly for being inattentive or careless.

These symptoms are the slighter one of chorea (St. Vitus' dance.) These should not be confounded with other forms of twitching, such as the blinking of the eyelids, the slower twitching movements of the face or shoulders, or other parts of the body, often called habit spasms which may be due to defects of vision, adenoid growths or other reflex causes. These latter cases do not usually need to be withdrawn from school work, though often requiring treatment; while the former class should be removed from school at once, both for the child's sake, and to prevent an epidemic of imitative movements such as sometimes occurs.

2. Another class of symptoms requiring investigation are repeated faintings, especially if the child's lips become blue; attacks, often only momentary, in which the child stares fixedly and does not reply to questions, or in which he suddenly stops speaking or whatever he

is doing, and is unaware of what is going on about him. These lapses of consciousness may be accompanied by rolling of the eyes, drooling, or unusual movements of the lips, and often appear like a "choking" attack.

Sudden attacks of senseless movements of various sorts, such as twisting and pulling at the clothes or handkerchief, fumbling aimlessly at the desk, especially if there is no recollection afterwards of what was done, are often another expression of the same condition.

Such attacks, particularly if repeated at varying intervals, even when not accompanied by complete loss of consciousness are frequently as characteristic of epilepsisy as the severe convulsions.

Epileptic convulsions usually involve the entire body in sharp jerking movements, with blueness of the face or lips, complete loss of consciousness and are usually followed by a period of sleep or drowsiness, and are frequently accompanied by frothing at the mouth, biting of the tongue and occasionally by wetting or soiling the clothing.

Another class of convulsions is the hysterical, which are often difficult to distinguish. The hysterical convulsion, however, differs from the epileptic in the following respects. The hysterical patient often shouts, cries or raves, not only previous to but frequently throughout the attack, and is often able to reply to questions during the convulsion. The epileptic gives a single cry immediately followed by unconsciousness and the spasm. The movements in the hysterical convulsion are often accompanied by bowing of the body backward, and very frequently simulate intentional or voluntary movements, such as tearing the hair, pulling at the clothes, and such things; while the epileptic movements are characterized by their jerking or twitching character. The hysterical patient, also, in place of a convulsion, may strike an attitude, such as of fear or entreaty, often accompanied by raving or singing. This again may follow the convulsion, taking the place of, and strikingly contrasted with, the almost invariable sleep of the epileptic, which is almost never seen in hysteria. Hysterical patients if they fall seldom injure themselves by the fall, as epileptics frequently do. Biting of the tongue almost invariably indicates an epileptic seizure, as does wetting or soiling the clothes when it occurs.

Cases of epilepsy, whether mild or severe require treatment and advice as to whether they should be removed from school. Many cases do not require withdrawal from school, and are benefitted by its discipline.

3. Excessive nerve fatigue, which is shown by irritability or sleeplessness, may indicate a neurasthenic condition, that is a threatened nervous breakdown. Such symptoms may be due to irregular habits, want of sleep, lack of suitable food, poor hygienic conditions, or simply from the child being pushed in school beyond its physical or mental capacity.

Excessive fear or morbid ideas, bashfulness, undue sensitiveness, causeless fits of crying, morbid introspection and suspiciousness may also be symptoms of a neurasthetic condition, and call for investigation, and for the teacher's sympathy and winning of the child's confidence, to prevent developments of a more serious nature.

This nerve fatigue may result in a child being unable for the time being to keep up with its work in school.

Forgetfulness, loss of interest in work and play, desire for solitude, untidiness in dress or person, and likewise changes of character, are sometimes incidental to the period of puberty.

4. Mentally defective children in the public schools exhibit certain common characteristics. The essential evidence of mental defect is that the child is persistently unable to profit by the ordinary methods of instruction as shown by lack of progress or failure of promo-

tion through lack of capacity. After one, two or three years of school they are either not able to read at all, or they have a very small and scanty vocabulary. One of the most constant and striking peculiarities is the feebleness of the power of voluntary attention. The child is unable to fix his attention upon any exercise or subject for any length of time. The moment his teacher's direction is withdrawn his attention ceases.

These children are easily fatigued by mental effort, and lose interest quickly. They are not observant. They are often markedly backward in number work. They are especially backward in any school work requiring judgment and reasoning power. They may excel in memory exercises. They usually associate and play with children younger than themselves. They have weak will power. They are easily influenced and led by their associates. These children may be dull and listless, or restless and excitable. They are often wilful and disobedient, and liable to attacks of stubbornness and bad temper. The typical "incorrigible" of the primary grades often is a mentally defective child of the excitable type. They are often destructive. They may be cruel to smaller children. They may have untidy personal habits. Certain cases with only slight intellectual defects show marked moral deficiency.

The physical inferiority of these defective children is often plainly shown by the general appearance. There is generally some evidence of defect in the figure, face, attitudes or movements. They seldom show the physical grace and charm of normal childhood. The teeth are apt to discolor and to decay early.

It is a most delicate and painful task to tell a parent that his child is mentally deficient. This duty should be performed with the greatest tact, kindness and sympathy. It would be a great misfortune for the school physician and the teacher, as well as for the child, to designate a pupil as feeble-minded who was only temporarily backward.

Temporary backwardness in school work may be due to removable causes, such as defective vision, impaired hearing, adenoid growths in nose or throat, or as the result of unhappy home conditions, irregular habits, want of proper sleep, lack of suitable food, bad hygienic conditions, etc. Great care must always be used not to confound cases of permanent mental deficiency with cases of temporary backwardness in school work, due to the causes mentioned above, or those described under the head of excessive nervous fatigue.

In some cases, where the existence of mental defect is in doubt, accurate information can usually be found in the early history of the child. The time of first "taking notice," the time of recognition of the mother, that of beginning to sit up, to creep, to stand, to walk and talk should be learned. Marked delay in development in these respects is usually found in all pronounced cases of mental deficiency.

It may also be found useful to require teachers to refer at stated intervals to the medical inspectors for examination of all children who, without obvious cause, such as absence or ill health show themselves unable to keep up in their school work, who are unable to fix their attention, or are incorrigible—though it does not follow that all such cases have either physical or mental defects.

Teaching Health

In seeking to give advice on the subject of teaching health, I feel that I can do no better than to quote from the result of deliberations of a number of the most practical and successful workers in the health field, including school doctors, nurses, class room teachers, etc., who

met in conference to advise in this matter. This conference formulated a set of eight rules for "The Health Game", which appear in a health bulletin sent out by the Bureau of Education of the Department of the Interior, and are:—

1. A full bath more than once a week.
2. Brushing the teeth at least once every day.
3. Sleeping long hours with windows open.
4. Drinking as much milk as possible, but no coffee or tea.
5. Eating some fruit or vegetables every day.
6. Drinking at least four glasses of water a day.
7. Playing part of every day out of doors.
8. A bowel movement every morning.

BE HEALTHY YOURSELF

"If you would teach health successfully you, yourself, must furnish an object in health. Measure your efficiency by your enthusiasm. Determine to be as nearly 100 per cent physically fit as your natural endowments will permit.

"You need an annual physical examination as much as your pupils do. If one is impossible, you can at least weigh yourself once a month, and strive to keep your weight near the standard of your age and height. Many teachers are undernourished as a result of bad conditions of work, poor boarding places, lack of opportunity for regular physical exercise, recreation, etc.; but quite as many from failure to obey the simple rules for healthy living which they know perfectly well. Obey all of 'The Rules of the Health Game,' not only to inspire your pupils to obey them, but to further your **personal** happiness and ambitions in life.

"See that your noon lunch is warm and satisfying.

"See that the room in which you teach is well ventilated.

"Try to make an opportunity to lie down quietly and relax for at least 20 minutes at the noon hour.

HOW YOU CAN TEACH HEALTH

"1. DO NOT BE SATISFIED MERELY TO IMPART INFORMATION ABOUT HYGIENE—AIM TO ESTABLISH HEALTH HABITS.—The essential health habits are as simple as they are important. From the Kindergarten up, their daily practice constitutes the **test** of successful health teaching.

"2. MAKE THE CHILD DESIRE HEALTH—Not for its own sake, but as a condition of success in work and joy in play. Make the acquisition of health interesting and attractive. The price is self control in eating and drinking, in work and play.

"3.—GET THE HEALTH POINT OF VIEW YOURSELF, and you will see and grasp a score of opportunities every day for driving home health lessons. Health cannot be taught from text books, or confined to any one lesson period.

"4.—MAKE YOUR HEALTH TEACHINGS POSITIVE RATHER THAN NEGATIVE—Do not say: If you forget to brush your teeth they will decay and you will have the toothache; but say, 'Brush your teeth regularly so that you may enjoy the feeling of a clean mouth, and have sweet breath and a shining set of strong teeth.'

"5.—GIVE CREDIT ON THE MONTHLY REPORT CARD for the practice of health habits, and ESPECIALLY FOR PERSISTENCE IN FACE OF ADVERSE HOME CONDITIONS."

6. Add to the "Rules of the Health Game" other rules appropriate to the child's psychosocial development for every year of his school life.

TEACHING HEALTH IN THE KINDERGARTEN

The morning inspection in the kindergarten and in all the grades should be made an occasion of joy and interest. It adds to the interest to have the inspection interspersed with frequent surprises, to which children look forward with expectation. "The songs and exercises of the morning greeting in the kindergarten may include the showing of clean hands, clean teeth, clean clothing, and clean shoes. During the lunch period practical lessons may be given in cheerful, courteous table manners, and in the careful protection of the milk and crackers.

"Personal habits which affect others should receive attention from the very first. The kindergarten child should be taught how to use his handkerchief in coughing and sneezing, and also how to use the individual drinking cups and towels.

"Fairy tales and other stories which convey health lessons in a delightful way may be told by the teacher and subsequently dramatized by the children."

FOOD TEACHING IN THE PRIMARY GRADES

We are indebted to Health Education Bulletin No. 6, for the following practical lessons in a rural school:

"Oh!, but it's cold today! What do we need on cold days?"

"We need coal and wood to burn, to keep us warm.

"Yes, and what kind of fuel do we need for our bodies to keep them warm and get up plenty of steam to make us go?"

"Oatmeal, eggs, bread and butter and potatoes."

"The children of her class learned to call foods valuable chiefly for fuel and energy 'go-materials'. Proteins were called 'building materials.' The favorite smile for the human body was the automobile, and the vitamins were called simply 'machine oils.'

"For health and strength we must have iron in our blood. Where does it come from?"

"Out of the ground."

"Can we dig it out of the ground and eat it?"

"No."

"But vegetables send their roots down, down into the ground and absorb iron into their stems and leaves. How, then, can we get the iron?"

"Why, eat the vegetables, of course."

Also this:

HEALTH CORRELATION WITH STUDIES IN INTERMEDIATE GRADES.

"ENGLISH—Have the children dramatize health stories which they have read, or let them make up their own plays or lines. Have them write compositions or reproductions illustrating many applications of their health knowledge. . . .

"DRAWING—Make posters illustrating such slogans as 'The Milk Way is the health Way' or 'An apple a day keeps the doctor away.'

"Make illustrations of good and bad posture and of beautiful, symmetrical human bodies.

"ARITHMETIC—Work out the comparative costs of different kinds of food and their relative food values. Compare the cost of raw foods and of cooked foods as sold at the school lunch counter and at public restaurants. Consider the cost and value of careful sanitary handling of foods.

"If you buy clean milk from the dairy at 17 cents a quart, and

unsafe milk from a dirty dairy costs 15 cents a quart, how much do you pay a year for safe milk. Is this form of health insurance worth while? Why?

"If John earns \$25 a week, and he gets typhoid by dirty milk and has to give up his job for ten weeks, how much does he lose in salary alone on account of unsafe milk?"

"CIVICS—Study the connection between personal and public health matters. Inspect bakeries, cold storage warehouses, meat markets, dairies, creameries, grocery stores, and other places where foods are prepared and sold, or stored, in order to find out whether they are being conducted in accord with the laws designed to protect the health of the public. Learn about different occupations and their effect on health, as an element in the wise choice of vocation. Learn what the government and STATE are doing, and what they ought to do to protect the health of workers in mines and factories. Learn to know the lives of its great generals, like Pasteur, Walter Reed, Gorgas, or Trudeau. Learn how yellow fever was stamped out in Panama; how the fight against tuberculosis is being staged today, and how everybody can have a share in winning the great battle.

"GEOGRAPHY—Study the home life, the food habits, and sanitary customs of other races in many lands, under differing conditions of climate and civilization. Compare them with our own. Study food production and cost.

"HISTORY—Emphasize the feats of strength and of endurance of the savage Indians. Show how some great military leader depended for his success on steady nerves and a body hardened. Show the value of a strong body in the attainment of success in business and politics. Tell how Theodore Roosevelt developed his body."



Aims of the Health Department of Oklahoma are:

To educate the parents in every home in Oklahoma to conserve their own health and that of their children.

To enlighten the minds of children to the extent that they will become interested in sanitation and personal hygiene, and form habits of health and hygiene while their minds are yet plastic.

To reduce the death rate among infants and children and reclaim them for useful, happy lives.

To furnish free prophylactic remedies for use in the eyes of newborn babies, and to make the use of same compulsory.

To supply antitoxin typhoid prophylactic, smallpox vaccine free to all in need of same and not able to pay therefor.

To have all children examined for physical defects, contagious and infectious diseases and reports sent to parents with the request that they call on their family physician and secure advice and treatment.

To have a full time County Health Officer and public health nurse in every county.

To know that every baby's birth has been registered with the State Registrar of Vital Statistics.

To be of real and lasting service to the people of Oklahoma.

State of Oklahoma
Department of Public Instruction

R. H. WILSON, SUPERINTENDENT
E. N. COLLETTE, ASST. SUPT.

Oklahoma City

August 19, 1920

To the Teachers and Patrons of the
Public Schools of Oklahoma:

We are very much interested in improving the health and sanitary conditions surrounding our schools and homes. It has been my observation that a great deal of time has been lost by the pupils in the schools, as well as others, because of what seems to be an entire disregard for the simplest laws of health. It has been the policy of Oklahoma to build up an efficient and serviceable Health Department, the duty of which is to look after the general health conditions of the state. Wonderful results have been accomplished along this line, but so much more could be accomplished if each and every teacher in our great state would become personally interested in this matter and teach these principles to the children in the schools. To this end, we have asked Dr. A. R. Lewis, State Commissioner of Health, to have a sufficient number of bulletins printed to furnish each teacher a copy, and we most earnestly request that this bulletin be used in your school in connection with the Physiology, and that credit be given to the children for making health surveys in their local communities.

I have suggested that a card be inserted in this bulletin which should be filled out by the teachers and mailed to Doctor Lewis giving him certain information with reference to your school, in order that he may be able to help you if assistance is desired, or that he may know if you are so fortunate as to be located in a school where proper precautions are taken to protect the health of the pupils.

Your active co-operation in this matter will be appreciated by Doctor Lewis, as well as by myself.

Yours sincerely,

R. H. WILSON,
State Superintendent of Public Instruction.



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